



VIOLENT OFFENDER REGISTRATION FORM

Date: _____ Facility/Law Enforcement Agency: _____

Name: _____
Last First Middle ODOC #

Alias(es): _____

Offender Home Address: _____
Street Address Apt. # City County State Zip Code

Mailing Address (if different): _____

Offender Previous Address: _____
Street Address Apt. # City County State Zip Code

Day Phone Number: _____ Night Phone Number: _____

DOB: _____ DL #: _____ State: _____ FBI #: _____ OSBI #: _____
(MM/DD/YYYY)

SSN: _____ Race: _____ Gender: _____ DNA: _____ Photos: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Emergency Contact Name Street Address Apt. # City State Zip Code Phone

Vehicle Make Model Color Tag Number

Student ID #: _____ Education Institution Name and Address

Current Employer Address City ST Zip Code Phone Start Date

Previous Employer Address City ST Zip Code Phone Dates Employed

Are you a US Citizen? Yes No Place of birth: _____

Scars, marks, and tattoos (describe in detail): _____

Email Address (all): _____

Social Media Accounts: _____

Conviction(s) for Violent Crimes

Offense: _____ CF #: _____

_____ Date Convicted _____ Date Sentence Completed _____ Victim's Age

_____ City _____ County _____ State _____ Name under which convicted

Offense: _____ CF #: _____

_____ Date Convicted _____ Date Sentence Completed _____ Victim's Age

_____ City _____ County _____ State _____ Name under which convicted

Offense: _____ CF #: _____

_____ Date Convicted _____ Date Sentence Completed _____ Victim's Age

_____ City _____ County _____ State _____ Name under which convicted

Offense: _____ CF #: _____

_____ Date Convicted _____ Date Sentence Completed _____ Victim's Age

_____ City _____ County _____ State _____ Name under which convicted

Incarcerations/Hospitalizations Pertaining to Above Offenses

_____ Name of institution _____ Location _____ Date(s)

_____ Name of institution _____ Location _____ Date(s)

_____ Name of institution _____ Location _____ Date(s)

The information I have provided on this form is true and correct to the best of my knowledge.

_____ Offender Signature _____ Date

_____ Witness Name Printed _____ Position/Title _____ Facility/LE Agency

_____ Witness Signature _____ Date

NOTE: This page must contain the offender's and witness' signature or the form will be returned for completion.